

Virginia Department of Health

Newcomer Health Program Manual

Mission Statement: Protecting the public's health by empowering VDH health districts to provide thorough initial health assessments to all new refugees entering the Commonwealth.

Objective: To identify and eliminate health related barriers to successful resettlement of Virginia's refugee population while protecting the health of the U.S. population

Program Background

Each year thousands of persons leave their homelands to settle in new and distant lands. Among these are refugees who are defined as persons forced to flee his/her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group. Many refugees spend months or years in hastily set up refugee camps, awaiting the right to return home or to resettle in a new country kind enough to provide long-term refuge. The United States (U.S.) has a long history of accepting refugees from around the world. During the years following World War II, refugees have been designated as a distinct class of legal immigrants, who based on social or political criteria, are designated as in need of humanitarian protection and safe haven.

In the U.S., many refugees are assisted in their resettlement process by humanitarian or faith-based voluntary agencies (VOLAGs). Funding available through The U.S. Department of Health and Human Services (DHHS), Office of Refugee Resettlement (ORR) assists these agencies with the resettlement process.

The term refugee is used throughout this document and refers to the following eligible immigrant groups:

- ***Refugees*** are defined in the previous paragraph.

- ***Asylees*** are defined as foreign nationals that cannot return to their country of origin or residence because of a well-founded fear of persecution because of race, nationality, and membership in a particular social group. *Asylees* apply for and receive this status *after* entering the United States, while refugees apply for and receive their status *before* entering the United States.
- ***Cuban and Haitian Entrants*** are defined as persons of Cuban or Haitian origin granted parole status or special status under United States immigration laws.
- ***Amerasians*** are defined as persons of Asian and American descent, primarily children fathered by American servicemen and born between 1/1/1962 and 1/1/1976.
- ***Unaccompanied Minors*** are defined as refugee children (under 18 years of age) that arrive in the United States unaccompanied by a parent or other close adult relative and will require foster care.
- ***Victims of Trafficking*** are persons who have been victim of sex trafficking in which a commercial sex act is induced by force, fraud, or coercion; or persons that have been recruited, harbored, transported etc. for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Inclusion of this group began in 2000.

Each of these groups will have a different admission legal status as listed on their I-94 card, a U.S. Citizenship and Immigration (USCIS) document, however *Victims of Trafficking* are provided a letter of certification, instead of an I-94. All included in the list above are eligible for benefits administered by ORR.

Under the Federal Refugee Act of 1980, a uniform system of services was created for refugees resettling in the United States. The purpose of this act was “to provide for the effective resettlement of refugees” and “to assist refugees to achieve economic self-sufficiency as quickly as possible”. Among the benefits provided to refugees under this Act is a comprehensive health assessment. This health assessment should be performed as soon after arrival as possible and which is designed to identify and eliminate health related barriers to successful resettlement while protecting the health of the U.S.

population. Federal Refugee Medical Assistance (RMA) funds are available to each state to underwrite the cost of these medical assessments.

The Virginia Department of Social Services (DSS), Office of Newcomer Services (ONS), administers the federal RMA funds in Virginia. ONS works through the Virginia Department of Health (VDH), Newcomer Health Program (NHP) to coordinate, facilitate, and monitor the provision of initial health assessment services to newly arrived refugees. A small Preventive Health Grant provided by ORR provides funding to the NHP to maintain necessary infrastructure. Because tuberculosis (TB) infection and disease are common health problems observed in the refugee population, the Virginia NHP became a part of the Division of Tuberculosis Control (DTC) in 1997.

The Overseas Medical Examination

All immigrants, that is any person, entering the U.S. as a lawful permanent resident (LPR) are required by law to undergo a medical examination *overseas, prior* to their resettlement in the U.S. Refugees also must receive this medical examination prior to U.S. entry. The medical examination is designed to identify certain medical conditions that may deny the person entry into the U.S. Presently, these *excludable conditions* are defined as:

- a communicable disease of public health significance (*e.g.* potentially infectious tuberculosis, Hansen's Disease (HD), certain sexually transmitted diseases, human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS))
- a current or past physical or mental disorder that is associated with harmful behavior
- drug abuse or addiction.

Note: The overseas physicians (panel physicians) are required to make copies of the immigrant or refugee medical examination and give these to the immigrant or refugee but they are *not* required to give them the *worksheets*. However, CDC strongly

encourages the panel physicians to provide all pages to the medical examination including the *worksheets* to the immigrant or refugee.

“Classified” Medical Conditions

“Class A” Conditions

Identification of an excludable condition during the overseas examination results in assignment of a “classification”. Persons designated with a “Class A” condition cannot enter the U.S. Although the presence of any of these diseases, termed as *excludable conditions*, prevents the granting of an entry visa, a waiver process exists for non-refugee immigrants, with some “Class A” conditions. If an applicant with HIV infection, for example, can demonstrate the means to financially support his or her health care in the U.S., a waiver for entry may be issued. Refugees, with HIV infection, are admitted on a case-by-case basis, also with a waiver while the financial support for their health care may be covered under RMA, Medicaid or local health funds. There is no waiver provision for visa applicants with drug abuse or addiction.

Tuberculosis Conditions

The system for classifying individuals with tuberculosis is more complex. Those with potentially infectious tuberculosis (defined by the presence of positive smears) are designated “Class A” tuberculosis. These persons are required to begin treatment overseas and when non-infectious they may reapply for an entry visa, with a waiver. Persons with evidence of active tuberculosis on chest radiograph but negative sputum smears are designated as “Class B1” tuberculosis, while those who have radiographic evidence of inactive tuberculosis are “Class B2” tuberculosis.

The Waiver Process

Once an immigrant or refugee is found to have a “Class A” condition, such as *infectious* (smear positive) tuberculosis or HIV, they may request a waiver from the overseas U.S. authority. Waiver forms are completed overseas and in the U.S. In the U.S., the family or other sponsors will request assistance from the local health department in completing the waiver process. Once the immigrant or refugee is no longer-infectious

travel and entry into the U.S. may occur. Once in the U.S., the immigrant or refugee is obligated to report to the local health department. The sponsor will need to ensure the immigrant or refugee reports to the local health department for evaluation of the health condition and completes further treatment, as necessary.

Hansen's Disease

Hansen's Disease is a classified health condition and may be noted on an immigrant or refugee's medical examination paperwork. Medical follow up may be indicated for these immigrants.

Note: Either an immigrant or refugee could be noted to have one or more of the above "classified" conditions on the overseas medical examination paperwork.

"B other" Conditions

"B other" conditions may include health conditions such as pregnancy, hypertension, diabetes, cancer, and mental health, traumatic wound care or revisions, malnutrition, cataract, glaucoma and so on. There are *no* entry restrictions for an immigrant or refugee with a "B other" health condition.

Note: Either an immigrant or refugee could be noted to have a "B-other" health condition identified on the overseas medical examination paperwork. Again with these conditions there are no restrictions to entering the U.S.

Proof of Vaccination

In 1996, the U.S. Congress amended the Immigration and Nationality Act (INA) and revised the health related grounds of inadmissibility. A subsection, *Proof of Vaccination Requirements for Immigrants*, was added, which requires any alien who seeks an immigrant visa or an adjustment to status as a LPR to present proof of vaccination against certain vaccine preventable diseases. Refugees must comply with this requirement by the time they apply for adjustment of status, which by law is one year after arrival into the U.S.

Prior to this one year residency, as refugees receive immunizations at the local health department or another site they should be encouraged to keep the documentation in a safe place as they will need proof of immunizations to comply with the USCIS change in legal residency.

Arrival at the U.S. Port of Entry

In the United States, quarantine stations are located at eight major international airports. Each station has responsibility for all ports of entry in an assigned geographic area. All arriving passengers and crew are observed for signs and symptoms of illness. Passengers meeting certain criteria may be questioned or detained. Arriving aliens (immigrants and refugees) particularly those with Class A or B classified conditions will have their medical documents and immunization records reviewed for completeness. Refugees normally arrive at ports where quarantine inspectors are assigned, but this may not always be the case. If a quarantine inspector is not available, an immigration inspector will review the refugees' documents and report the information to the station that covers that geographic area. Immigrants and refugees with classified health conditions are reminded, at the port of entry, that they need to report to the local health department where they intend to resettle, for an evaluation of that classified health condition and a health assessment. The quarantine stations will then send a "Notification of Arrival" and medical documentation to the state health department in which the immigrant or refugee has indicated they will resettle. This is done to ensure follow of the immigrant's or the refugee's health condition.

Notification of Arrivals to State & Health District

In Virginia, the NHP receives these Notifications of Arrival and medical information, for *all refugees and any immigrant with a classified health condition entering Virginia*. Since 1997, the NHP has entered demographic information from these notifications into a program database, prior to their distribution to the local health district. This refugee database has allowed for tracking of refugee arrivals to the various health districts within Virginia. The database also collects basic health information so that emerging trends in this population may be identified.

The program also enters information on any alien (refugee or immigrant) with a tuberculosis-classified condition into another database. Basic demographic information for these aliens is entered. Additionally, some information of the overseas examination is entered, such as their “tuberculosis classification”, date and port of entry, as well as a contact address and phone number as provided. DTC plans to have this alien database be compatible with its web-based suspect and case reporting system. This database is also intended to be compatible with the Centers for Disease Control and Prevention, Division of Quarantine and Global Migration future database, for electronic notification of these arrivals.

District Health Services

Tuberculosis Classified Aliens

Aliens with a “TB classified” health condition are expected to report to the local health department in the area they are resettling. Usually but not always, the district will receive the notification and overseas medical examination paperwork from the NHP. All aliens need to be evaluated for their reported tuberculosis condition. Using the *TB Risk Assessment*, they should be evaluated for clinical signs and symptoms of tuberculosis disease and given a TST. Regardless of the TST reading, all should be provided a chest x-ray in the U.S. It is not good practice to rely solely on the overseas chest x-ray. Further, the clinician is then able to compare films. At least three sputa specimen, one collected on three consecutive days, are indicated if the alien is symptomatic or it is otherwise indicated on the assessment. The first sputum specimen should always be collected in the presence of a health care worker. Finally, the alien should be placed on appropriate medication for active or suspected tuberculosis or latent tuberculosis infection. The use of Directly Observed Therapy (DOT) in this population is strongly encouraged.

The evaluation for aliens with a tuberculosis condition falls under the local health district TB Control program. DTC will reimburse the local district some or all of the chest x-ray, done in the U.S. *This reimbursement is for only those aliens with a classified TB condition.*

For LTBI, it is very important for the clinician to convey to the alien that they are infected with the tuberculosis bacillus and that treatment is not merely to prevent progression to tuberculosis disease but it is treatment for a serious infection. Additionally, for the refugee accepting treatment at this point will make any change of legal residency status in one year much easier For refugees, the evaluation and treatment cost is absorbed by the Refugee Health Assessment reimbursement. .

Aliens Classified with Hansen's Disease

Hansen's disease (HD) may be noted on the overseas medical examination or identified by a local health department or primary physician during a medical assessment process. A U.S. national program located to Baton Rouge, Louisiana provides services to persons in the U.S. with HD. Persons with HD under care of a private physician can receive the HD medications at no cost through this program. Call the NHP for further details.

Refugee Health Assessments

For many years, local health districts in Virginia have provided some level of health assessment services to newly arriving refugees. These services had been paid for by the refugee or out of local health district budgets. With incorporation of the NHP into DTC, a statewide protocol for the Refugee Health Assessment that included a standardized health assessment was implemented. A program database facilitates the reimbursement for the assessment from DSS to VDH local health districts. NHP allows for four Levels to the Refugee Health Assessment, ranging from a complete health assessment to a minimum of an evaluation for tuberculosis. The Program further designed the RMA reimbursement to reflect the level of service provided by districts.

- **Level I** the evaluation for tuberculosis disease or infection, includes an assessment for clinical signs and symptoms of tuberculosis, placement and interpretation of a tuberculin skin test reading, and a chest x-ray and therapy as indicated.

- **Level II** includes a gross but complete patient inspection or assessment, some laboratory testing as indicated. An assessment of the refugee's immunization status is also included in this level.
- **Level III** includes listening to heart rate and rhythm, and lung sounds for abnormalities, not a diagnosis. Also included is further age appropriate testing, such as a developmental evaluation for young children, further evaluation for anemia findings (e.g. malaria smears, sickle cell, lead screening) and /or sexually transmitted diseases as indicated. Education regarding cardiovascular disease, cancer, HIV etc. may also be indicated.
- **Level IV** is case management. Many refugees require some level of case management by a public health nurse and so Level IV was designed to not only to capture these data but also to reimburse health districts for the knowledge and skill required to perform this case management.

The public health system is uniquely qualified to identify conditions of public health significance. Refugees, as all newcomers to the U.S., must learn to navigate the U.S. health care system, which can be overwhelming to many. A holistic approach to provide health care to this vulnerable population is imperative for the first months in their new country. That health districts provide a detailed assessment of each refugee newcomer is essential to this process. Health districts are encouraged to begin the orientation process to our health care system, while providing referrals to follow up of health problems identified at the assessment. Providing appropriate treatment for TB disease and latent TB infection (LTBI) is but one example of treating the condition, while providing education to the client and protecting the public health.

Health districts are encouraged *not to charge* the refugee for any elements of the initial health assessment, as *funding for the assessment is available* from NHP. That refugees receive a health assessment within 30 days of arrival into the U.S. is an objective that U.S. Department of State (DOS) and ORR have set for VOLAGs resettling refugees. Ideally, for reimbursement from RMA fund the assessment should be completed within three months of the refugee's arrival into the US.

Refugee Health Assessment Protocol

This protocol serves as a standard for health services provided to Virginia's newly arrived refugees. Essential to this process is the collection and reporting of data to the central office NHP.

Goals:

- To provide the initial health assessment within the first 30 days of arrival into the U.S., but at least within the first 90 days of arrival.
- To initiate appropriate referrals for follow up of health problems identified at the assessment process.

Objectives:

- To ensure follow up evaluation, treatment and /or referral of Class A or B medical conditions identified during the overseas medical examination.
- To identify persons with communicable diseases of public health significance.
- To identify personal health conditions that may adversely impact effective resettlement, e.g. job placement, language training, or attending school.

Recommendations

Assessment Process:

- Immigrants with any refugee status as defined under the Program Background are eligible for this program and RMA funds.
- A licensed provider, that is a public health nurse, a nurse practitioner, physician assistant, a physician or some combination of these, can complete the Refugee Health Assessment. Health Districts are encouraged to make maximum use of trained assistants for measurements, vision checks, etc.
- Voluntary agencies have instructed refugees to bring copies of the overseas medical examination, chest x-ray, immunization record and other useful information to the appointment.
- Health District staff is encouraged to make maximum use of available public health programs such as family planning and prenatal clinics, immunization clinics, nutrition programs (WIC), and Early Periodic Screening Diagnosis and

Treatment (EPSDT) sexually transmitted disease clinics, as well as mental health and social service programs.

- For health or mental health conditions identified health during the assessment, follow up or referral should be provided as appropriate.

Review of Past Medical History

- Verify name, gender, date of birth, alien number, country of origin, length of stay in country (s) of refuge, date of arrival into the U.S., ethnicity, primary language, literacy level, ability to communicate in English, and contact information.
- Review the overseas medical examination documentation on the DS-2053, DS-3026 and DS-3024 if included.
- *Any classified medical condition requires an evaluation by the local health department in the U.S.*
- Review the refugee's medical history and other medical records as available such as chest film, immunization records, and psychosocial history including any torture or trauma.

Present Health Status

- Question for recent fever, diarrhea, cough, weight loss, night sweats, hemoptysis.
- Question for recent illness in self or family group.
- Question for any known medical problems such as allergies, or medications.

The Refugee Health Assessment

- A gross assessment or inspection of the refugee's general condition should be noted. Note scars and inquire reason for scars (e.g. traditional medicine, injury, torture etc.).
- Using the DTC TB Risk Assessment Tool, assess for tuberculosis-like signs or symptoms, place a Mantoux skin test. If signs or symptoms (S/S) of tuberculosis are present or if the TST is 10 mm or greater a chest x-ray is indicated. Sputum collection may also be indicated. Treatment for suspected or confirmed

tuberculosis disease, or latent tuberculosis infection should be explained as appropriate and started promptly.

- Assess vision (Snellen chart) and hearing (whisper or rubbing test).
- Inspect the oral cavity and indicate if within normal limits or not (e.g. pink tongue and gums, caries, missing teeth, dentures, etc.).
- Take height, weight, pulse and respiration and note any abnormality.
- Perform a hematocrit or hemoglobin and note if outside the normal range for age and sex.
- If over age 5, take blood pressure, and note if abnormal.
- Immunizations are assessed following ACIP recommendations.
- If presence of an STD is documented on the overseas medical examination, confirm with appropriate tests in the U.S. Testing for STDs should be completed on all refugees from war torn areas. The raping of men and women is generally an outcome of war. There should be a high degree of suspicion of untreated STDs in African men and women that have lived in refugee camps and are near the age of 12 and older.
- Hepatitis B testing or stool collection may be indicated especially for refugees that have spent many months in refugee camps in Africa, Asia, and the Middle East or if symptomatic. Treatment can be provided by the district or by a referral to a local physician.
- If female, assess for family planning or prenatal referral.
- Assess the mental orientation to person, place, date, and time, noting any abnormality. The refugee in need of mental health services can be referred to local Community Service Boards or in northern Virginia the Center for Multicultural Human Services.
- Listen to heart, assess rate and rhythm, and lungs to note if sounds are normal or abnormal. A diagnosis is not required for an assessment. Unusual or abnormal findings should be referred for follow up with a local physician as appropriate.

Age Specific Recommendations

Children less than 5 years of age:

- Assess head circumference
- Screen for development milestones

For all refugees 5 years old or more:

- Assess the developmental level and mental status
- Refer for a nutritional evaluation if height, weight is below normal
- Refer for evaluation if blood pressure elevated
- If hematocrit is lower than normal consider labs to assess CBC with indices, lead level, and /or for malaria screening
- Screen for genetic conditions as appropriate (DCLS will test for sickle cell, thalassemia, as well as other abnormal hemoglobin conditions (be sure to write *refugee* across the lab slip)
- Counsel for HIV testing as indicated
- As indicated, provide education about health conditions as indicated. Such as mammograms and pap smears for women, etc.

Health Referrals

Refugees with health problems identified on the assessment should be referred to a community physician and /or dentist or if indicated the local health department clinics.

Guidelines to Completing the Refugee Health Assessment

Working through the Refugee Health Assessment form.

- Write in the district that is providing the health assessment. This is required so that the program can reimburse the appropriate district for services rendered.
- Write in the date the health assessment is provided. This is necessary to invoice correctly for services rendered on the date the services were rendered.

Note: When choosing answers to elements on the assessment form, choose one that most closely answers the element. The database does not allow for writing in a choice other than the choices provided. The format and form is designed for data entry, data collection, and invoicing for the services provided by the district.

LEVEL I is the required minimum.

Level I *includes* a risk assessment and nurse evaluation for tuberculosis (TB) disease and /or latent TB infection (LTBI). Use of the TB Risk Assessment is encouraged. A tuberculin skin test (TST) should always be done in the U.S. and read by a health department professional. A TST is not usually done overseas or if done, the tuberculin is a different strength than that used in the U.S. If the refugee is symptomatic for disease *and/or* the TST is 10 mm or greater, a chest x-ray should be done in the U.S., and the refugee should be evaluated for tuberculosis disease by a qualified physician. The local health district under its TB clinic provides therapy for any refugee with suspected or confirmed TB disease or LTBI.

Note: If a chest x-ray is indicated or the refugee is symptomatic, your district will be providing nurse case management. *Be sure to circle “YES” to the first question in LEVEL IV.*

LEVEL I is reimbursed at \$60.00. DTC provides no further reimbursement for this evaluation.

Language Needs

- Write in the refugee’s primary language (first language), *other* than English.
- Document if an interpreter was needed to conduct this assessment.
- Answer YES or NO if an interpreter was necessary to complete the assessment.
- If “NO” go on to LEVEL II.
- If “YES”, be sure to answer the next three questions
- Document YES or NO if a **competent*, trained interpreter was available to conduct this assessment. If available we assume that the interpreter is used, so document as such.
- Indicate YES or NO if a family member or friend assisted with the interpretation.

** Definition of Competent as it refers to interpreter:*

According to Title VI of the Civil Rights Act of 1964, 42 U.S.C Section 2000det.seq., the competency requirement contemplates demonstrated proficiency in both English and the other language, orientation and training that includes the skills and ethics of interpreting (e.g. issues of confidentiality), fundamental knowledge in both languages of any specialized terms (e.g. medical, health, etc.), or concepts peculiar to the recipient covered entity's program or activity, sensitivity to the person's culture and a demonstrated ability to convey information in both languages, accurately.

This completes LEVEL I.

LEVEL II

Refugees are evaluated for diseases of public health significance prior to their departure to the United States. Upon arrival into the U.S. the refugee is expected to undergo a more comprehensive health assessment; with the objective being to identify any condition that may impede their successful resettlement or to identify any conditions of public health significance. LEVEL II includes a health history, a gross overall health assessment, inspection, and a review of the refugee's immunization status.

All VDH health districts are encouraged to complete LEVEL II. Evaluation of diseases or conditions of public health significance falls under the purview of the public health department.

That refugees receive their required immunizations soon after arrival into the U.S. is another DOS and ORR objective that VOLAGs strive to meet.

For compensation ALL areas in Level II must be addressed and answered appropriately as in "YES, NO, Done, or NA".

- Review the refugee's health history and indicate if within normal limits or not.
- Question if the refugee has any health problems currently. Conduct a gross physical inspection, assessment, and indicate if within normal limits or not. Note

physical scars due to traditional medicine, war or other injury, or torture. Urinary tract infections can be common in refugee women that have been circumcised.

- Perform a gross vision and hearing inspection. Using a Snellen eye chart for a gross vision and a whisper or fabric rub for hearing is acceptable. Indicate if grossly within normal limits or not.
- Perform an oral and dental gross inspection. Indicate if grossly within normal limits or not.
- If a STD is indicated on the refugee's overseas medical examination, provide follow up testing as indicated. Refugee men and women that have been in war torn areas or have spend long periods in refugee camps may be victims of rape or otherwise sexually active, they should be assessed for STDs. Women should be referred to Prenatal or Family Planning Clinics as appropriate.
- Check height and weight, and determine if grossly appropriate for age and sex or not. Malnutrition is very common in refugees. WIC referrals should be made for children and women. Many refugee children will have high lead levels.
- Provide either a hemoglobin or hematocrit, and determine if the result is appropriate for age and sex. State YES or NO. If "NO", a referral for follow up is expected in Level IV. Africans, Middle Eastern, and Asian refugees should have blood work done for hemoglobinopathies. A sickle cell screen is generally collected and refugee is written on the lab slip. It is sent to DCLS for processing.
- If age 5 years or more, check blood pressure and determine if grossly within limits or not.

Review the refugee's immunization history, using the Advisory Committee on Immunization Practices (ACIP) recommendations update the refugee's immunizations starting as soon as possible.

- If any immunizations are needed in order to update status indicate, "YES" for the appropriate immunization. At this visit it is wise to begin providing any needed immunizations to the refugee and then refer the refugee for follow up through the local immunization clinics. *Updating immunizations is very important to the refugee.* Once the refugee is in the U.S. one year s/he must adjust their status

with the USCIS and they *must* by law, have been immunized against all vaccine preventable diseases. It is helpful to stress this fact to the refugee and the sponsor. All refugees should be encouraged to keep their immunization record in a safe place.

- If the refugee is from Africa, Asia, Near or Middle East, and at times the former Soviet States, screening for Hepatitis B is indicated. LHDs may use the same form and method for this screening as they use in prenatal clinics. BE SURE TO WRITE “REFUGEE” ACROSS THE LAB SLIP.
- If the refugee is from the above listed areas, it is recommended to obtain at least two stool specimens. Again, use the DCLS lab slip and BE SURE TO WRITE “REFUGEE” ACROSS THE LAB SLIP.

Long-term care, hospitality or food services are areas where the new refugees will usually find first employment in the U.S. therefore explaining the need to collect stool specimen is good sound public health practice. It may also be challenging due to language and culturally differences.

- If this refugee is a female, please indicate if this refugee is currently pregnant or not. Then refer the refugee for prenatal care or family planning clinics, explaining the importance for breast examination and a pap smear.
- Lastly, grossly assess the general mental health status, and indicate if you assess that it is within normal limits or not. Mental health needs may not manifest early in the resettlement process but if on assessment the nurse or other clinician notes a need for mental health services the refugee can be referred to the local Community Service Boards (CSB) or in Northern Virginia to the Center for Multicultural Human Services.

LEVEL II is now complete.

If any part of this gross assessment is NOT within normal limits, a medical referral for follow up is indicated in LEVEL IV. For LEVEL I & II, the reimbursement is \$179.50 if

age less than 11 and \$220.50 if age 11 or over. To receive reimbursement for Level II, Level I must also be completed.

LEVEL III

A public health nurse, nurse practitioner, physician's assistant, or a MD may complete this portion of the refugee health assessment. Each of these disciplines has patient assessment skills. The public health nurse will refer patients with unusual or abnormal sounds or findings for follow up by a local clinic or community physician.

Listening to the heart (rate and rhythm) and lungs must be provided for compensation of this LEVEL.

The assessment does not ask for a diagnosis but does assume that a refugee with any abnormal sounds or findings will be referred to a local physician for follow up as appropriate. The refugee more often than not will be eligible for refugee Medicaid and this will help to defray the cost of these medical referrals.

- Circle either done or not done to answer the first question
- Determine the refugee's age and perform only the areas that are appropriate for the refugee's age, no more, no less

Level III can be reimbursed only if Level II and I are also completed.

For Levels I, II, and III, the reimbursement is \$198.00 for age less than 11 and \$255.00 if age 11 or over.

LEVEL IV

Many refugees require some level of case management by a public health nurse and so Level IV was designed to not only capture these data but also to reimburse health districts for the knowledge and skill required to perform this case management.

Level IV captures the need for Public Health Nurse Case Management. For many refugees some level of nurse case management is necessary and compensation for

providing this case management is appropriate. *Here the findings in the previous three Levels are reviewed and referral for any identified need is circled “YES”.* Most refugees are eligible for refugee Medicaid for eight months and so usually have a payment source for needed medical follow up.

- Please read carefully and answer YES or NO for #1 through 15

Level IV is reimbursed at \$86.50

Return completed forms *as soon as possible* to the Refugee Health Program. This allows timely and appropriate payment to be made to your health district.

DTC / Refugee Health Program
James Madison Building, 1st floor
109 Governor St.
Richmond, Va. 23219

Reimbursement cannot be made for refugees whose assessment forms are received more than one year after the date of the health assessment

Other Useful Information

Adjustment of Status and Immunizations

One year after arrival into the U.S. the USCIS requires to adjust their legal status from refugee to long term permanent resident (LPR). Refugees are required show proof of immunizations to change their legal residency status. For refugees immunization against all vaccine preventable diseases is not only a good public health practice, but also the law. Local health districts are encouraged to begin providing immunizations as refugees present to them, stressing the need for follow up and maintaining their records in a safe place.

“Blanket” Designation of Health Department Physicians as Civil Surgeon

Health Districts are referred to the August 3, 1998 letter from the Centers for Disease Control and Prevention, Division of Quarantine and Global Migration that

explains the amendment to the Immigration and Nationality Act (INA). (The NHP sent a copy of this memo to all health directors in 1998, copies were also included in the Refugee Health Assessment Program Manual distributed at the 2003 nurse conference, and extra copies are available on request.) The memo goes on to say that the Immigration and Nationalization Service (INS) issued a “blanket” designation of health departments as civil surgeons for refugees applying for adjustment of status under Section 209 of the INA. *This “blanket” authority can only be used for those with actual “refugee” status adjusting their legal status to LPR.* It cannot be used for those with “asylee” or other status, or for a refugee that entered with a “Class A” medical condition. Persons with these status must see a USCIS “designated civil surgeon”. Districts may charge the refugee a reasonable fee for this service of using the “blanket” civil surgeon authority by a health department physician.

Civil Surgeon and Panel Physician

A Civil Surgeon is a physician in the U.S. that is contracted by the USCIS to provide immigration physicals for aliens to adjust the legal status in the U.S. These physicians may charge a usual and customary fee for these physicals.

A Panel Physician is a physician overseas that is contracted by the Department of State (DOS) to provide the overseas medical examination to potential immigrants and refugees. These physicians may charge a usual and customary fee for these medical examinations.

The CDC provides technical instructions to these physicians. These instructions can be accessed at the CDC website. The forms required for documentation of these medical examinations are printed by the DOS. USCIS usually sends these documents to persons adjusting status in the U.S.

Title VI of the Civil Rights Act of 1964

Providing culturally and linguistically appropriate services to clients is a continuing challenge as the U.S. population becomes increasingly diverse. VOLAGs

offering interpreter services and Virginia's Area Health Education Centers (AHEC) may be of assistance to local health districts, as well as other health providers, in meeting the health needs of Virginia's new refugees. A web site www.refugee.org/world may assist providers to increase their understanding of our refugees' cultures and needs.

The Department of Justice memorandum of October 26, 2001, confirmed validity of Title VI of the Civil Rights Act, 1964. The Act "prohibits discrimination by federal fund recipients because of race, color, or national origin. "National origin" covers limited English proficiency (LEP) (Lau v. Nichols, 414 U.S.563 (1974). The regulations prohibit "discriminatory impact" such as providing services more limited in scope or lower in quality, unreasonable delays in the delivery of services, or limiting participation in a program.

Assisting Local Health Districts to Meet Needs for the LEP:

The Newcomer Health Program has placed funds with most VOLAGs operating in Virginia for the purpose of helping local health districts pay for costs related to providing LEP services to the new refugees. The program has also placed funds with the Northern Virginia Area Health Education Center. For interpretation at the Initial Health Assessment health districts should contact the NVAHEC or the VOLAG that is resettling the refugee. Funds have been placed with:

- Lutheran Social Services of the National Capital Area, Refugee and Immigrant Services (703-698-5026),
- The Arlington Diocese Office of Refugee Resettlement (703-524-2454),
- The International Rescue Committee Office in Charlottesville (434-972-7772),
- The Virginia Council of Churches Refugee Resettlement Program (804-321-8427), and
- Refugee and Immigration Services of the Catholic Diocese of Richmond (804-355-4559).
- NVAHEC for the northern Virginia Health Districts.

These agencies will deduct fees for the interpreter services rendered at the initial Refugee Health Assessment from the funds placed into an account provided by the Newcomer Health Program.

Mental Health

Mental health is an identified problem for many refugees. As survival is a coping mechanism for the newly arrived refugee, the need for mental health care may not manifest until the refugee has been in the U.S. for some period of time. On assessment the public health nurse is encouraged to refer those refugee with immediate mental health needs to their local Community Service Boards (CSB). These health professionals are encouraged to be available for counseling and treatment as these needs arise in the refugee. ORR has funded several projects, nationally, to provide services for victims of torture. A Program for Survivors of Torture and Severe Trauma (PSTT) is located in Falls Church, Virginia. Contact the Center for Multi Cultural Human Services at 703-533-3302 for more information.

Other In-migration Information

The U.S. issues visas to more than 30 million persons yearly. Most of these non-immigrant visas are for students, tourists, business persons, or temporary workers that may include the agricultural, hospitality industry, medical especially nurses, and various technical workers. None of these persons are required to undergo a medical examination overseas or in the U.S. However once in the U.S. and if they choose to change their entry status to permanent resident they must follow the process as enforced by the U.S. Citizenship and Immigration Services (USCIS). The number of undocumented aliens, persons entering the US, is unknown. None of these aliens are eligible for DOS or ORR funded programs, however they are eligible for local health district tuberculosis services and some other clinic services.

The United Nations Committee for Refugees (UNHCR) identifies potential refugees for resettlement into a third country. For those refugees potentially coming to the U.S., the Department of State (DOS), the Department of Justice (DOJ), and the USCIS conduct interviews of these refugees overseas, an outcome of these interviews will determine if the person is provided refuge in the U.S. Overseas DOS and DOJ complete detailed security checks on all refugees prior to their acceptance for refuge in the U.S. The DOS contracts with physicians overseas to provide the medical

examination for potential immigrants including refugees. These physicians are called *panel physicians*. The CDC provides these physicians with technical instructions on how to carry out the overseas examination. Worldwide, there are approximately 65 panel physicians on contract with the DOS.

Once in the U.S., refugees must begin a budget plan with DOS to repay the airfare that paid for their travel to the U.S.

In the U.S., the USCIS may require that at certain times immigrants including refugees, asylees undergo a complete medical examination to complete the adjustment of status or the naturalization process. Only a *designated civil surgeon*, a physician under contract with the USCIS, is authorized to perform these medical examinations. The CDC, DQGM also provides technical instructions to these designated civil surgeons in the U.S.

At times immigrants or refugees that have been in the U.S. for a year or more will come to the local health department requesting a medical examination to comply with a USCIS procedure or to begin the naturalization process. These aliens must see a private physician or a health department physician that is on contract with the USCIS as a *designated civil surgeon*. Only these designated civil surgeons are physicians that are authorized by the USCIS to complete these immigration medical examinations.

At times, these designated civil surgeons will refer these clients to the local health department for portions of this immigration medical examination such as chest x-rays or immunizations. Local health departments are not obligated to provide these services. The exception is any condition that is a threat to public health. The decision to provide and/ or charge for components to these immigration medical examinations rests with the local health district. The opinion of NHP is that the civil surgeon should provide the services necessary to complete the examination. The civil surgeon has the authority to charge a usual and customary fee to complete the immigration medical examination.

Lastly, the INS has been restructured and moved to the new U.S. Department of Homeland Security and is now known as the U.S. Bureau of Citizenship and Immigration Services (USCIS).

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